



# California Specialized Training Institute

## Training Branch of the California Emergency Management Agency

POST OFFICE BOX 8123 ♦ San Luis Obispo, CA 93403

CRIMINAL JUSTICE AND RIMS  
(805) 549-3190 FAX: (805) 543-0554

EMERGENCY MGMT/FEMA AND SEMS  
(805) 549-3536 FAX: (805) 549-3348

HAZARDOUS MATERIALS  
(805) 549-3344, 549-3203 FAX: (805) 549-3555

### STUDENT INFORMATION

Confirmation Send To: ☐ Home ☐ Work ☐ Organization

SSN (Last 4 digits only)  POST ID

First Name:

Last Name:

Title:

Agency:

#### WORK -

Street Address:

City:

State:  Zip Code:

Phone:  Ext:

Cell Phone:

Fax:

Email:

#### HOME -

Street Address:

City:

State:  Zip Code:

Phone:

Cell Phone:

Email:

### EMERGENCY NOTIFICATION

Name:

Relationship:

Address:

State:  Zip Code:

Phone Number:

### SPECIAL CONSIDERATION

PLEASE NOTE BELOW IF YOU HAVE A DISABILITY WHICH SHOULD BE CONSIDERED FOR SEATING ASSIGNMENT OR SPECIAL DIETARY NEEDS.

APPLICANT'S SIGNATURE AND DATE BELOW

MM/DD/YYYY:

APPLICATION FOR ENROLLMENT

### CLASS INFORMATION

Course Title:

Class Date: 1st Choice  2nd Choice

Class Number:

Prerequisite:

### EXPERIENCE

DESCRIBE APPLICANT'S PROFESSIONAL EXPERIENCE, YEARS OF EXPERIENCE AND CURRENT POSITION. THIS INFORMATION IS VITAL FOR PROPER ROLE-PLAYING ASSIGNMENT IN EMERGENCY MANAGEMENT COURSES.

### PLEASE CHECK BOX THAT CLOSELY DESCRIBES YOUR PROFESSION:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 1. Police            | <input type="checkbox"/> 11. Public Information Officer | <input type="checkbox"/> 21. Schools            |
| <input type="checkbox"/> 2. Sheriff           | <input type="checkbox"/> 12. Public Works               | <input type="checkbox"/> 22. Community Svcs     |
| <input type="checkbox"/> 3. Fire              | <input type="checkbox"/> 13. Parks & Recreation         | <input type="checkbox"/> 23. Other              |
| <input type="checkbox"/> 4. Highway Patrol    | <input type="checkbox"/> 14. Legal                      | <input type="checkbox"/> 24. University (Other) |
| <input type="checkbox"/> 5. Military          | <input type="checkbox"/> 15. University                 | <input type="checkbox"/> 25. City (Other)       |
| <input type="checkbox"/> 6. University Police | <input type="checkbox"/> 16. Health, City/Co/State      | <input type="checkbox"/> 26. County (Other)     |
| <input type="checkbox"/> 7. City/County Admin | <input type="checkbox"/> 17. Medical, Hosp/Dr/RN        | <input type="checkbox"/> 27. State (Other)      |
| <input type="checkbox"/> 8. Finance           | <input type="checkbox"/> 18. Private Industry           | <input type="checkbox"/> 28. Transportation     |
| <input type="checkbox"/> 9. Planning          | <input type="checkbox"/> 19. OES, City/Co/State         | <input type="checkbox"/> 29. Federal Agencies   |
| <input type="checkbox"/> 10. CDF/County Fire  | <input type="checkbox"/> 20. Volunteer Agencies         | <input type="checkbox"/> 30. Airport            |

### TRAINING OFFICER OR SUPERVISOR INFORMATION

(Print/Type) Applicant's Supervisor/Training Officer

Phone Number Of Supervisor:

E-Mail Of Supervisor:

APPLICANT'S SUPERVISOR/TRAINING OFFICER  
(SIGNATURE AND DATE BELOW)

MM/DD/YYYY:

### FOR TRAINING BRANCH AND LEPC REGION USE ONLY

- |                               |                                  |                                   |                              |                             |                            |                             |
|-------------------------------|----------------------------------|-----------------------------------|------------------------------|-----------------------------|----------------------------|-----------------------------|
| Region:                       | <input type="checkbox"/> I       | <input type="checkbox"/> II       | <input type="checkbox"/> III | <input type="checkbox"/> IV | <input type="checkbox"/> V | <input type="checkbox"/> VI |
| <input type="checkbox"/> EMPG | <input type="checkbox"/> Tuition | <input type="checkbox"/> Per Diem |                              |                             |                            |                             |
| <input type="checkbox"/> HMEP | <input type="checkbox"/> Tuition | <input type="checkbox"/> Per Diem |                              |                             |                            |                             |

This form may be reproduced locally.

01/01/09